

## Questionnaire sheet

1. name.....date of admission:-----

2.Age:

Gender:

Residency: center ( ), surrounding ( )

Occupation

Marital status:

Any history of contact with the patient had coronavirus:

History of traveling to Iran or any other area:

Presentation:

### **Most common symptoms:**

Fever      Headache      rigor cough      sore throat      Myalgia (Fatigue)

### **Lest common symptoms:**

Sneezing    sputum    SOB (dyspnea)    nasal discharge    Chest pain    hemoptysis    vomiting    diarrhea

Duration of complain

Smoking: never, past, currently      Nargilla ( )      others

History of previous diseases:

Diabetes:    hypertension:      anemia:      asthma:      allergic:    rhinitis:    cardiovascular disease:

Vit D3 deficiency:

Alcohol drinking: Yes, or No

Blood group:

Body mass index (BMI):

History of medication:

Pregnancy

If pregnant      gestational age

Outcome:    recoverdeath      respiratory failure    renal failure      still in hospital

### **Laboratory Tests:**

CBC                      CRP                      ESR

Vit D3 level

Renal function test

Liver function test

### **Treatment:**